

OFFICIAL**A. TARGETED GROUP**

The targeted group consists of the categorically needy or medically needy who meet one or more of the following criteria.

Certain individuals residing in areas of New York State designated as underserved and economically distressed through the State's Neighborhood Based Alliance (NBA) initiative. Under Chapter 657 of the Laws of 1990, the NBA is targeting state money, resources and services to designated areas in order to alleviate the pervasive and detrimental effects of poverty, lack of access to services and lack of services. Case management targeted individuals are those residents of the NBA area who are experiencing chronic or significant individual or family dysfunctions which might be ameliorated through effective case management referral and monitoring of service provision. Such dysfunctions are assessed as chronic or significant by the case manager in accordance with an assessment tool approved by the State Department of Social Services. The assessment will determine chronic or significant dysfunction on the following categories or characteristics:

- (i) school dropout
- (ii) low academic achievement
- (iii) poor school attendance
- (iv) foster care placement
- (v) physical and/or mental abuse or neglect
- (vi) alcohol and/or substance abuse
- (vii) unemployment/underemployment
- (viii) inadequate housing or homelessness
- (ix) family court system involvement
- (x) criminal justice system involvement
- (xi) poor health care
- (xii) family violence or sexual abuse

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP F

City of Newburgh, New York Addison School District, New York
City of Fulton, New York

C. DEFINITION OF COMPREHENSIVE MEDICAID CASE MANAGEMENT REIMBURSABLE UNDER MEDICAID

Case management is a process which will assist persons eligible for Medical Assistance to access necessary services in accordance with goals contained in a written case management plan.

DEFINITION OF CASE MANAGEMENT RELATED TO TARGET GROUP "F"

Case managers will assess, and refer the target population to the existing services including these newly available resources and services concentrated in the defined NBA community.

TN 94-29 Approval Date AUG 18 1994
Supersedes TN 92-68 Effective Date APR 1 - 1994

Case management for Target Group "F" means linkage and referral activities performed by case management staff for individuals who are struggling with the effects of multiple problems compounded by poverty and poor access to services. Through case management, clients will have improved access to the comprehensive array of services and assistance available in the community. Individual needs of the client will be assessed and a case management plan developed.

Case management for Target Group "F" requires referral to and coordination with medical, social, educational, psychosocial, employment, habilitation, rehabilitation, financial, environmental, and legal services available within the community for the purpose of increasing the client's ability to function independently in the community. The ultimate purpose is to increase the client's level of self-sufficiency.

Case management services to individuals who are not Medicaid eligible will be supported by public and private grant funds. A sliding fee scale for clients based on income level will also be established. Case management will be the means to linking clients to the health, social, economic and educational resources of the community.

CASE MANAGEMENT FUNCTIONS

Case management functions are determined by the recipient's circumstances and therefore must be determined specifically in each case. In no instance will case management include the provision of clinical or treatment services. A separate case record must be established for each individual recipient of case management services and must document each case management function provided, including but not limited to:

- A. **Intake and screening.** This function consists of: the initial contact to provide information concerning case management; exploring the recipient's receptivity to the case management process; determining that the recipient is a member of the provider's targeted population; and identifying potential payers for services.
- B. **Assessment and reassessment.** During this phase the case manager will determine what services the individual needs to access. This determination requires the case manager to secure, as appropriate to the presenting problem, either directly, or indirectly through collateral sources, with the recipient's permission: a determination of the nature and degree of the recipient's functional impairment through a medical evaluation; a determination of the recipient's functional eligibility for services; information from other agencies/individuals required to identify the barriers to care and existing gaps in service needs including medical, social, psychosocial, educational, financial and other services; and a description of the recipient's strengths, informal support

TN 92-68 Approval Date MAR 8 - 1994
Supersedes TN **New** Effective Date OCT 1 - 1992

system and environmental factors relative to his/her care. Medical/psychological evaluations shall be obtained indirectly through collateral sources with the permission of the recipient and are not a compensated component of case management.

- C. **Case management plan and coordination.** The activities required to establish a comprehensive written case management plan and to effect the coordination of services include: identification of the nature, amount, type, frequency and duration of services to be provided to the recipient with the participation of the recipient; identification of the recipient's informal support network and providers of services; specification of the long term and short term goals to be achieved through the case management process; collaboration with other service providers, including informal caregivers and other case managers. It also includes through case management conferences an exchange of clinical information which will assure:
1. case management plans throughout the case management process;
 2. the continuity of service;
 3. the avoidance of duplication of service (including case management services); and,
 4. the establishment of a comprehensive case management plan that addresses the interdisciplinary needs of the recipient.
- D. **Implementation of the case management plan.** Implementation of the plan means assisting clients in gaining access to necessary services. Case managers must secure the services determined in the case management plan appropriate for a particular recipient through referral to those agencies or to persons who are qualified to provide the identified services. Implementation may mean assisting the recipient with referral and/or application forms required for the acquisition of services; advocating for the recipient with all providers of service; and developing a plan to access alternative services to assure continuity in the event of service disruption.
- E. **Crisis intervention.** Crisis intervention by a case manager or practitioner includes when necessary: assessment of the nature of the recipient's circumstances; determination of the recipient's emergency service needs; and, revision of the case management plan, including any changes in activities or objectives required to achieve the established goal.
- F. **Monitoring and follow-up.** The case manager is responsible for: assuring that quality services, as identified in the case management plan, are delivered by the provider to whom referral was made; assuring the recipient's satisfaction with the services provided and, if the plan has been formulated by a practitioner

TN 92-68 Approval Date MAR 8 - 1994
Supersedes TN New Effective Date OCT 1 - 1992

advising the preparer of the case management plan of the findings; collecting data and documenting the progress of the recipient in the case record; making necessary revisions to the case management plan; making alternate arrangements when services have been denied or are unavailable to the recipient; and, assisting the recipient and/or provider of services to resolve disagreements, questions or problems with implementation and continuation of the case management plan.

PROCEDURAL REQUIREMENTS FOR PROVISION OF SERVICE

1. **Assessments.** The case management process must be initiated by the recipient and case manager (or practitioner as appropriate) through a written assessment of the recipient's need for case management as well as medical, social, psychosocial, educational, financial and other services.

An assessment provides verification of the recipient's current functioning and continuing need for services, the service priorities and evaluation of the recipient's ability to benefit from such services. The assessment process includes those activities listed in paragraph B of **CASE MANAGEMENT FUNCTIONS**.

An assessment must be completed by a case manager within 15 days of the date of the referral or as specified in a referral agreement. The referral for service may include a plan of care containing significant information developed by the referral source which should be included as an integral part of the case management plan.

An updated assessment of the recipient's need for case management and other services must be completed by the case manager every six months, or sooner if required by changes in the recipients condition or circumstances.

2. **Case management plan.** A written case management plan must be completed by the case manager for each recipient of case management services within 30 days of the date of referral or as specified in a referral agreement, and must include those activities outlined in paragraph C under **CASE MANAGEMENT FUNCTIONS**.

The recipient's case management goals, with anticipated dates of completion, must be established in the initial case management plan, consistent with the recipient's service needs and assessment.

The case management plan must be reviewed and updated by the case manager as required by changes in the recipient's condition or circumstances, but not less frequently than every six months subsequent to the initial plan. Each time the case management plan is reviewed the goals established in the initial case management plan must be maintained or revised, and new goals and new time frames may be established with the participation of the recipient.

TN 92-68 Approval Date MAR 8 - 1994
Supersedes TN New Effective Date OCT 1 - 1992

The case management plan must specify:

- a. those activities which the recipient is expected to undertake within a given period of time toward the accomplishment of each case management goal;
 - b. the name of the person or agency, including the individual and/or family members, who will perform needed tasks;
 - c. the type of treatment program or service providers to which the recipient will be referred;
 - d. the method of provision and those activities to be performed by a service provider or other person to achieve the recipient's related goal and objective; and
 - e. the type, amount, frequency, duration and cost of case management and other services to be delivered or tasks to be performed.
3. **Continuity of service.** Case management services must be ongoing from the time the recipient is accepted by the case management agency for services to the time when: the coordination of services provided through case management is not required or is no longer required by the recipient; the recipient moves from the target area; the long term goal has been reached; the recipient refuses to accept case management services; the recipient request that his/her case be closed; the recipient is no longer eligible for services; or, the recipient's case is appropriately transferred to another case manager.

Contact with the recipient or with a collateral source on the recipient's behalf must be maintained by the case manager at least monthly or more frequently as specified in the provider's agreement with the New York State Department of Social Services.

LIMITATIONS TO THE PROVISION OF MEDICAID CASE MANAGEMENT SERVICES

Case management services must not:

1. be utilized to restrict the choice of a case management services recipient to obtain medical care or services from any provider participating in the Medical Assistance Program who is qualified to provide such care or services and who undertakes to provide such care or services or which arranges for the delivery of such care or services on a prepayment basis;
2. duplicate case management services currently provided under the Medical Assistance Program or under any other program;
3. be utilized by providers of case management to create a demand for unnecessary services or programs particularly those services or programs within their scope of authority.

TN 92-68 Approval Date MAR 8 - 1994
Supersedes TN **New** Effective Date OCT 1 - 1992

While the activities of case management services secure access to an individual's needed service, the activities of case management do not include:

1. the actual provision of the service;
2. Medicaid eligibility determinations/redeterminations;
3. Medicaid preadmission screening;
4. prior authorization for Medicaid services;
5. required Medicaid utilization review;
6. EPSDT administration;
7. activities in connection with "lock-in" provisions under 1915(a) of the Social Security Act;
8. institutional discharge planning as required of hospitals, NF's;
9. client outreach considered necessary for the proper and efficient administration of the Medicaid State Plan.

Contact with the client or with a collateral source on the client's behalf must be maintained by the case manager at least monthly, or more frequently as specified in the proposal document submitted for each site.

E. Qualifications of Providers

1. Providers

Under New York State Regulations (18 NYCRR 505.16) case management services may be provided by social services agencies, facilities, persons and other groups possessing the capabilities to provide such services who are approved by the New York State Commissioner of Social Services based upon approved proposal submitted to the New York State Department of Social Services.

2. Case Managers

The case manager must have two years experience in a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS**, including the performance of assessments and development of case management plans. Voluntary or part-time experience which can be verified will be accepted on a pro-rata basis. The following may be substituted for this requirement:

- a. one year of case management experience and a degree in a health or human services field; or

TN 92-68 Approval Date MAR 8 - 1994
Supersedes TN **New** Effective Date OCT 1 - 1992

- b. one year of case management experience and an additional year of experience in other activities with the target population; or
- c. a bachelor's or master's degree which includes a practicum encompassing a substantial number of activities outlined under **CASE MANAGEMENT FUNCTIONS**, including the performance of assessments and development of case management plans; or
- d. the individual meets the regulatory requirements for case manager of a State Department within New York State.

Provider Qualifications Specific to Target Group "F"

1. Providers

The State Department of Social Services designation of providers for this target group will be based upon a proposal document demonstrating the capacity to provide the described services to the target population. The proposal document must be submitted to SDSS, Division of Health and Long Term Care (HLTC) by the local social services district in which an NBA site is located. Qualified agencies will be enrolled as case management providers to serve target populations within the NBA service area.

The NBA lead agencies will provide case management themselves and/or solicit new case managers from community agencies with additional special expertise in the targeted subpopulations. New case managers solicited by the lead agency must meet all provider qualifications, must execute separate provider agreements with the State and must bill the Medicaid program in their own right. The NBA lead agencies are responsible for identification of clients needing case management and referral to the appropriate case management agency. Lead agencies will be responsible for recordkeeping and Medicaid claim preparation only for the case management services they themselves render.

2. Case Managers

Case managers will meet the general qualifications described in Item E.2.

Additionally, the staff recruited to work for the case management and crisis intervention program in both a supervisory and direct service capacity will be individuals who are highly committed to the community network concept and have experience working with the variety of cultural and ethnic groups represented in the community. A variety of educational, experiential, and cultural backgrounds will be sought.

TN 92-68 Approval Date MAR 8 - 1994
Supersedes TN New Effective Date OCT 1 - 1992

OFFICIAL

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page 1-G1
OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York State

CASE MANAGEMENT SERVICES

A. Target Group: G

See attached.

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See attached

E. Qualification of Providers:

See attached

TM No. 93-50
Supersedes
TM No. New

Approval Date MAR 09 1995

Effective Date SEP 1 - 1993

HCFA ID: 1040P/0016P

A. TARGET POPULATION G

The target group consists of any categorically needy or medically needy eligibles

1. who are infants or toddlers from birth through age two years who have or are suspected of having a developmental delay or a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, such as, Down Syndrome or other chromosome abnormalities, sensory impairments, inborn errors of metabolism, or fetal alcohol syndrome.
2. who have been referred to the municipal early intervention agency and are known to the New York State Department of Health.
3. who are in need of ongoing and comprehensive rather than incidental case management.

Developmental delay means that a child has not attained developmental milestones expected for the child's chronological age, as measured by qualified professionals (a multidisciplinary team) using appropriate diagnostic instruments and/or procedures and informed clinical opinion, in one or more of the following areas of development: cognitive, physical (including vision and hearing), communication, social/emotional, or adaptive development. A developmental delay is a delay that has been documented as:

1. a twelve month delay in one functional area, or
2. a 33% delay in one functional area or a 25% delay in each of two areas, or,
3. if appropriate standardized instruments are individually administered in the evaluation process, a score of at least 2.0 standard deviations below the mean in one functional area or a score of at least 1.5 standard deviations below the mean in each of two functional areas, or
4. if because of a child's age, condition or type of diagnostic instruments available in specific domains, a standardized score is either inappropriate or cannot be determined, a child may be deemed eligible by the informed clinical opinion of the multidisciplinary team. Criteria such as functional status, recent rate of change in development, prognosis for change in the future based on anticipated medical/health factors and other factors relevant to the needs of that child and family shall also be considered.

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED TO TARGET GROUP G

Entire State

TN 93-50

Supersedes TN **New**

Approval Date

Effective Date

MAR 09 1995

SEP 1 - 1993

NY

D. DEFINITION OF CASE MANAGEMENT RELATED TO TARGET GROUP "G"

Case management for Target Group "G" means those initial and ongoing activities performed by case management staff related to ensuring that developmentally delayed infants and toddlers are provided access to services allowing them to:

1. resolve problems which will interfere with their independence or self-sufficiency;
2. resolve problems which will interfere with attainment or maintenance of self support or economic independence;
3. maintain themselves in the community rather than reside in, or return to an institution; or
4. prevent institutionalization from occurring.

Case management is a process which will assist Medicaid eligible infants and toddlers and their families to access necessary medical, social, psychological, educational, financial and other services in accordance with the goals contained in a written individualized family services plan (IFSP).

CASE MANAGEMENT FUNCTIONS

Case Management functions are determined by the recipient's circumstances and therefore must be determined specifically in each case. In no instance will case management include the provision of clinical or treatment services. A separate case record must be established for each individual recipient of case management services and must document each case management service provided.

1. **Intake.** This function consists of: the initial contact to provide information concerning case management and early intervention to the parent of an eligible child or a child thought to be eligible for early intervention services at a time and place convenient to the family; exploration of the family's receptivity to the early intervention program and the case management process; determine that the recipient is a member of the targeted population; ascertain if the child and family are presently receiving case management services or other services from public or private agencies, identification of potential payers for services; and review of due process rights concerning mediation and impartial hearing.

2. **Assessment.** The case manager must secure directly, or indirectly through collateral sources, with the family's permission: a determination of the nature and degree of the recipient's developmental status; must assist the family in accessing screening and evaluation services; review evaluation reports with the family; assist the family to identify their priorities, concerns, and resources; explore options and assist the family's investigation of these options; inform the family of other programs and services that may be of benefit and assist

MAR 6 9 1995

TN 93-50

Approval Date

Supplies for TN **New**

Effective Date SEP 1 - 1993